

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001701

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

295

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kansas CityLength of stay in 1b  
2 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Mary'sInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY  
OR  
TOWN Missouri CityInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Roy

Middle

E.

Last

Grubbs

4. DATE  
OF  
DEATH

Month

Day

Year

January 16, 1962

5. SEX  
male6. COLOR OR RACE  
white7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
4-11-18789. AGE (last birthday)  
83IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
retired farmer10b. KIND OF BUSINESS OR INDUSTRY  
farming11. BIRTHPLACE (City and state or country)  
Missouri City, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

J. M. Grubbs

## 13b. MOTHER'S MAIDEN NAME

Bettie Aker

## 14. NAME OF HUSBAND OR WIFE

Mary Beal Grubbs

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mary Ruth Bradley Leawood, Kansas

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN  
ONSET AND DEATH  
UnknownConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)Pulmonary edema  
BronchopneumoniaPART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m. Month, Day, Year  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from February 25, 1961, to January 16, 1962 and last saw him alive on January 15, 1962  
Death occurred at 12:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Chester D. Berry, M.D.

## 22b. ADDRESS

7501 Mission Rd.,  
Prairie Village, Kansas

## 22c. DATE SIGNED

1-16-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Removal

## 23b. DATE

1-18-62

## 23c. NAME OF CEMETERY OR CREMATORY

Missouri City Cemetery

## 23d. LOCATION (City, town, or county)

Missouri City, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Pasley Funeral Home Liberty, Mo.

## 25. DATE RECD. BY LOCAL REG.

1-17-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Chester F. Fee MEDICAL CERTIFICATION

FEB 7 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Parley

Licensed Embalmer No. 4308

P. O. Address Liberty, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.